

**Section 20. ADEC Notification Form**

Fax this form to: (907) 451-2187

Telephone: (907) 451-5173

ConocoPhillips Alaska, Inc.

Company Name

Kuparuk Central Production Facility #1

Facility Name

**Reason for notification:**

☐ **Excess Emissions**

*If you checked this box*

*Fill out section 1*

☒ **Other Deviation from Permit Condition**

*If you checked this box*

*fill out section 2*

When did you discover the Excess Emissions or Other Deviation:

Date: 1/25/2019

Time: 06:30

**Section 1. Excess Emissions**

**(a) Event Information (Use 24-hour clock):**

**START Time:**

**END Time:**

**Duration (hr:min):**

**Total:**

**(b) Cause of Event (Check all that apply):**

☐ START UP

☐ UPSET CONDITION

☐ CONTROL EQUIPMENT

☐ SHUT DOWN

☐ SCHEDULED MAINTENANCE

☐ OTHER

*Attach a detailed description of what happened, including the parameters or operating conditions exceeded.*

**(c) Sources Involved:**

*Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.*

<u>Source ID</u> <u>No.</u>	<u>Source Name</u>	<u>Description</u>	<u>Control Device</u>

**(d) Emission Limit Potentially Exceeded**

*Identify each emission standard potentially exceeded during the event. Attach a list of ALL known or suspected injuries or health impacts. Identify what observation or data prompted this report. Attach additional sheets as necessary.*

<u>Permit Condition</u>	<u>Limit</u>	<u>Emissions Observed</u>

**(e) Excess Emission Reduction:**

*Attach a description of the measures taken to minimize and/or control emissions during the event.*

**(f) Corrective Actions:**

*Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of a recurrence.*

**(g) Unavoidable Emissions:**

*Do you intend to assert that these excess emissions were unavoidable?*

YES NO

*Do you intend to assert the affirmative defense of 18 AAC 50.235?*

YES NO

**Section 2. Other Permit Deviations**

**(a) Sources Involved:**

*Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.*

<u>Source ID No.</u>	<u>Source Name</u>	<u>Description</u>	<u>Control Device</u>
16	G1-14-01	Born Crude Heater (KUTP)	N/A
30	H-KF01	Kaldair I-58-VS Emergency Flare	N/A
57	-	Kuparuk Unit Topping Plant (KUTP)	N/A

**(b) Permit Condition Deviation:**

*Identify each permit condition deviation or potential deviation. Attach additional sheets as necessary.*

<u>Permit Condition</u>	<u>Potential Deviation</u>
25 Except as provided for in condition 32.9, the Permittee shall submit to the Department and EPA a "summary report form" semi-annually, postmarked by the 30th day following the end of each six-month period, in the format shown in Figure 1 of 40 C.F.R. 60.7 for each pollutant monitored for EU IDs 1 through 14, 16, and 30.	The Permittee did not submit the report for NSPS Subpart J to the Department for EU IDs 16 and 30.
34.11 The Permittee shall submit to EPA and the Department semiannual reports.	The Permittee did not submit the report for NSPS Subpart GGG to the Department for EU ID 57.
87.1 Attach to the operating report required by condition 88, copies of any NSPS and NESHAPs reports submitted to the U.S. Environmental Protection Agency (EPA) Region 10 as required by conditions 24, 25, 26, 32.6, 32.7, 32.9, 34.11, 45.2, 46.3, 47.2, 63, and 64, unless copies have already been provided to the Department at the time submitted to EPA.	The Permittee did not submit the reports to the Department with the operating report, and the reports were not provided to the Department at the time submitted to EPA.
90 The Permittee must comply with each permit term and condition.	The Permittee did not comply with each permit term and condition.

**(c) Corrective Actions:**

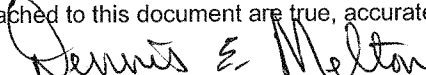
*Attach a description of actions taken to correct the deviation or potential deviation and to prevent recurrence.*

Reports were submitted to the Department upon discovery of the deviation.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Dennis Melton

Printed Name:



Signature:

2/6/2019

Date: